

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017271

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. -

Registrar's No. 163

FILED MAY 1 1963

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		c. CITY OR TOWN Ellington	
Length of stay in 1b 23 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		d. STREET ADDRESS (If outside, give location) Star Route 2	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle HARRISON Last BRUCE, SR.		4. DATE OF DEATH Month April Day 15 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 11, 1898
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 7 Days 4 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance adjustor		10b. KIND OF BUSINESS OR INDUSTRY (Has law degree)	
11. BIRTHPLACE (City and state or country) Carrollton, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ezra Bruce		13b. MOTHER'S MAIDEN NAME Mattie Perry	
14. NAME OF HUSBAND OR WIFE Anne Foutch Bruce		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I and W.W.II	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Records, State Hospital No. 4, Farmington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion - - - - - Abt. 17 hours.		INTERVAL BETWEEN ONSET AND DEATH 17 hours.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 		20f. CITY, TOWN, OR LOCATION COUNTY STATE 	
21. I attended the deceased from April 14, 1963 to April 15, 1963 and last saw him alive on April 15, 1963 Death occurred at 5:45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>William Harrison Bruce</i> (Degree or title) 22b. ADDRESS State Hospital No. 4 Farmington, Missouri	
22c. DATE SIGNED 4-16-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE April 18, 1963		23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks National Cemetery	
23d. LOCATION (City, town, or county) Jefferson Barracks, Missouri		24. FUNERAL DIRECTOR Pewitt Funeral Home, Ellington, Mo.	
25. DATE RECD. BY LOCAL REG. Apr. 16, 1963		26. REGISTRAR'S SIGNATURE <i>Eather Rudloff</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 2 1963

MAY 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 4120

P.O. Address Farmington New

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.